



Department of Medical Assistance Services
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<http://www.dmas.state.va.us>

MEDICAID MEMO

TO: All Providers and Managed Care Organizations Participating in the Virginia Medicaid Program

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: February 23, 2017

SUBJECT: Changes from the Chief Medical Officer Regarding CPT and HCPCS Code Coverage and Service Authorization for Dates of Service on or after April 1, 2017 for the Medicaid Fee-for-Service Program

The purpose of this memorandum is to inform providers about changes and updates for new and existing Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) to include new coverage and service authorization (SA) requirements for the Virginia Medicaid Fee-for-Service program.

The new SA requirements will be effective for dates of service April 1, 2017 forward and include the following new and existing codes:

81413	cardiac ion genomic channelopathies genomic sequence analysis*
81414	duplication/deletion gene analysis panel*
81439	inherited cardiomyopathy genomic sequence analysis panel*
J0570	buprenorphine implant, 74.2 mg*
J2182	injection, mepolizumab, 1 mg*
J2786	injection, reslizumab, 1 mg*
J2357	injection, omalizumab, 5 mg
J7175	injection, factor x, (human), 1 i.u.*
J7179	injection, von willebrand factor, (vonvendi), 1 i.u., vwf:rco*
J7202	injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.
J7207	injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.
J7209	injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.

*= new code effective January 1, 2017

Service Authorization Process

The Department of Medical Assistance Services (DMAS) Medical Support Unit will review service authorization requests for the above procedures. Fax the most recent progress notes providing medical necessity, including diagnosis codes and the indications for the procedure, to the DMAS Medical Support Unit at 804-452-5450. Requests must be received **at least thirty days prior to the date of service.**

Effective with dates of service April 1, 2017, the following new CPT/HCPCS codes will pend and require medical review by a DMAS physician:

J2840	injection, sebelipase alfa, 1 mg
J9325	injection, talimogene laherparepvec, per 1 million plaque forming units
unclassified	injection, eterplirsen
unclassified	injection, nusinersen

Claims for J2840, J9325, eterplirsen, and nusinersen must be submitted with the most recent progress notes providing medical necessity and must include the diagnosis codes. Claims for J2840, eterplirsen, and nusinersen must include a supplier's invoice.

Effective April 1, 2017 the following existing HCPCS will no longer be covered by DMAS:

J7324	Hyaluronan or derivative, Orthovisc, for intra- articular injection, per dose
J7326	Hyaluronan or derivative, Gel-One, for intra- articular injection, per dose
J7327	Hyaluronan or derivative, monovisc, for intra- articular injection, per dose
J7328	Hyaluronan or derivative, gel-syn, for intra- articular injection, 0.1 mg
J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose
J7321	Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose

The only hyaluronic acid or derivative covered by DMAS for intra-articular injection is J7325, Synvisc or Synvisc-One

The following new CPT and HCPCS codes are not covered by DMAS:

43284	laparoscopy, surgical, esophageal sphincter augmentation procedure
43285	removal of esophageal sphincter augmentation device
62380	endoscopic decompression of spinal cord
81327	SEPT9 methylation analysis
81422	fetal chromosomal microdeletion genomic sequence analysis
81539	oncology (high grade prostate cancer), biochemical assay of four proteins
97161	physical therapy evaluation: low complexity
97162	physical therapy evaluation: moderate complexity
97164	re-evaluation of physical therapy established plan of care
97165	occupational therapy evaluation, low complexity
97166	occupational therapy evaluation, moderate complexity
97168	re-evaluation of occupational therapy established plan of care
97169	athletic training evaluation, low complexity
97170	athletic training evaluation, moderate complexity
97171	athletic training evaluation, high complexity
97172	re-evaluation of athletic training established plan of care
J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg
J7322	Hyaluronan or derivative, hymovis, for intra- articular injection, 1 mg
J7342	installation, ciprofloxacin otic suspension, 6 mg
J8670	Rolapitant, oral, 1 mg

COMMONWEALTH COORDINATED CARE

Commonwealth Coordinated Care (CCC) is a managed care program that is coordinating care for thousands of Virginians who have both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at http://www.dmas.virginia.gov/Content_pgs/altc-home.aspx to learn more.

MAGELLAN BEHAVIORAL HEALTH OF VIRGINIA (Behavioral Health Service Administrator)

Providers of behavioral health services may check member eligibility, claims status, check status, service limits, and service authorizations by visiting www.MagellanHealth.com/Provider. If you have any questions regarding behavioral health services, service authorization, or enrollment and credentialing as a Medicaid behavioral health service provider please contact Magellan Behavioral Health of Virginia toll free at 1-800-424-4046 or by visiting www.magellanofvirginia.com or submitting questions to VAProviderQuestions@MagellanHealth.com.

MANAGED CARE PROGRAMS

Many Medicaid individuals are enrolled in one of the Department's managed care programs (Medallion 3.0, CCC and PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan/PACE provider may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the individual's managed care plan/PACE provider directly.

Contact information for managed care plans/PACE providers can be found on the DMAS website for each program as follows:

- Medallion 3.0: http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx
- Commonwealth Coordinated Care (CCC): http://www.dmas.virginia.gov/Content_pgs/mmfa-isp.aspx
- Program of All-Inclusive Care for the Elderly (PACE): http://www.dmas.virginia.gov/Content_atchs/ltc/PACE%20Sites%20in%20VA.pdf

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Conduent Government Healthcare Solutions Support Help Desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

KEPRO PROVIDER PORTAL

Providers may access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.